## **FILED** 00 ANtate

DOCUMENT # P99000096702				Apr 28, 2008 08: Secretary of S			
						Secret	ary of S
1. Entity Name YANKEE PEDDLER INVESTMENT CORPORATION							
12174 US H	ce of Business HGHWAY 1 H, FL 33408	Mailing Address 12174 US HIGHWAY 1 JUNO BEACH, FL 33408					
г	OO NOT WRITE	INI THIS SPA	CE	01262008	No Chg-P	CR2E034 (	
L	O NOT WRITE	IN THIS STA	OL.	4. FEI Number 65-0960			Applied For Not Applicable
				5. Certificate o	f Status Desired		75 Additional Required
	6. Name and Address of Current Re	gistered Agent	•			_	
STERNITZKE, CAROL 12174 US HIGHWAY 1. JUNO BEACH, FL 33408					NOT W HIS SP		
	e named entity submits this statement for ti tions of registered agent.  Signature, typed or printed name of registered agent and		ed office or register	·	i, in the State of Fio	rida. I am famili	ar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees			
10	OFFICERS AND DI	RECTORS	.[			_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARPLEE, MARGARET 12174 US HIGHWAY 1 JUNO BEACH, FL 33408				U00001 05/20/08	0926916 -80084-07	24 150.00°
INILE NAME STREET ADDRESS CITY-ST-ZIP	D STERNITZKE, CAROL 12174 US HIGHWAY 1 JUNO BEACH, FL 33408						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			IN T	'HIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP							

12. I hereby certify that the informatic supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or husee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other-like empowered.

SIGNATURE:

TITLE NAME STREET AODRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR